



PATENT
P56295

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

HONG-SAM KIM *et al.*

Serial No.: 09/778,730

Examiner: LIPMAN, JACOB

Filed: 8 February 2001

Art Unit: 2134

For: METHOD FOR AUTOMATICALLY VERIFYING SECURITY CODE OF COMPUTER
SYSTEM OPERATED BY REMOTE CONTROLLER

PETITION FOR EXTENSION OF TIME

Mail Stop : RCE

Commissioner for Patents
P.O.Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 C.F.R. §1.136(a), please extend the time for responding to a final Office action (Paper No. 8) mailed on 6 May 2004, for two (2)-months to and through **6 October 2004**.

The two-months fee for Large Entity in the amount of **\$430.00** is enclosed. (Check No. 48169) Should any additional fees be required under 37 C.F.R. §1.16 or 37 C.F.R. §1.17, please charge them to our Deposit Account No. 02-4943 and advise us accordingly.

Also, should any additional time be required, please accept this as a petition for such additional extension of time and charge our Deposit Account No. 02-4943 and advise us accordingly.

Respectfully submitted,



Robert E. Bushnell
Attorney for Applicants
Reg. No.: 27,774

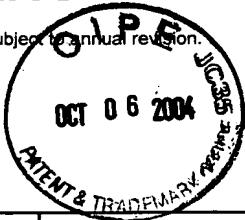
1522 "K" Street, N.W., Suite 300
Washington, D.C. 20005
Area Code: 202-408-9040

Folio: P56295
Date: 6 October 2004
I.D.: REB/ny

10/07/2004 JBALINAN 00000094 09778730
02 FC:1252 430.00 0P

FEE TRANSMITTAL

Patent fees are subject to annual revision.



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<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies:</p> <p>Deposit Account Number: <u>02-4943</u></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>																																																																																																																																																																																																							
<p>2. <input checked="" type="checkbox"/> Payment Enclosed: (CHECK #48169)</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p>FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>790</td> <td>2001</td> <td>395</td> <td>Utility filing fee</td> <td>\$ 790.00</td> </tr> <tr> <td>1002</td> <td>350</td> <td>2002</td> <td>175</td> <td>Design filing fee</td> <td>\$</td> </tr> <tr> <td>1003</td> <td>550</td> <td>2003</td> <td>275</td> <td>Plant filing fee</td> <td>\$</td> </tr> <tr> <td>1004</td> <td>790</td> <td>2004</td> <td>395</td> <td>Reissue filing fee</td> <td>\$</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td>\$</td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td>(\$)<u>0.00</u></td> <td></td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>19</td> <td>-20** = 0</td> <td>x 18.00 = 0.00</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>- 4** = 0</td> <td>x 88.00 = 0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>=</td> </tr> <tr> <td colspan="4">** or number previously paid, if greater; For Reissues, see below</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1201</td> <td>88</td> <td>2201</td> <td>44</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1203</td> <td>300</td> <td>2203</td> <td>150</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>88</td> <td>2204</td> <td>44</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (2)</td> <td>(\$)<u>0.00</u></td> <td></td> </tr> </tbody> </table>						Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	790	2001	395	Utility filing fee	\$ 790.00	1002	350	2002	175	Design filing fee	\$	1003	550	2003	275	Plant filing fee	\$	1004	790	2004	395	Reissue filing fee	\$	1005	160	2005	80	Provisional filing fee	\$	SUBTOTAL (1)				(\$)<u>0.00</u>			Extra Claims	Fee from below	Fee Paid	Total claims	19	-20** = 0	x 18.00 = 0.00	Independent Claims	4	- 4** = 0	x 88.00 = 0.00	Multiple Dependent			=	** or number previously paid, if greater; For Reissues, see below				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	1201	88	2201	44	Independent claims in excess of 3		1202	18	2202	9	Claims in excess of 20		1203	300	2203	150	Multiple dependent claim, if not paid		1204	88	2204	44	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)				(\$)<u>0.00</u>																																																																																							
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Typed or Printed Name		Robert E. Bushnell, Esq.		Reg. Number	27,774																																																																																																																																																																																																		
Signature				Date	6 October 2004																																																																																																																																																																																																		

REB/ny

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.